

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

CLERK OF COURTS

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name
Friends of Faulkless
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number
()
4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
12969 Walbeck Drive
5. City, State, ZIP Code
Fishers, IN 46037
6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Scott N. Faulkless
8. Party Affiliation or If Independent Candidate
9. Office Sought (include district number, if any. Not required for exploratory committee.)
Fishers Town Council District 7
10. County of Residence
Hamilton

TYPE OF REPORT**CONVENTION CANDIDATES ONLY**

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)
- Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:
From: 1/1/14 Through: 12/31/14
13. Cash on hand and investments at the beginning of this reporting period: 5250.36
14. Cash on hand and investments January 1, current year: 5250.36

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

- 15a. Itemized (use Schedule A)
- 15b. Unitemized
- 15c. Add lines 15a and 15b in both columns SUBTOTAL
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 5250.36 5250.36

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

- 17a. Itemized (use Schedule B) (Public Question: use Schedule C)
- 17b. Unitemized
- 17c. Add lines 17a and 17b in both columns SUBTOTAL
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 670.96 670.96
19. Debts OWED BY the committee (use Schedule D)
20. Debts OWED TO the committee (use Schedule E)

FOR OFFICE USE ONLY

I DECLARE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Date
1/21/15
Date

for any commercial purpose. (IC 3-9-4-5) A person who knowingly
to file a complete or accurate report as required by the Indiana
subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)


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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures ~~to be~~ **added** on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR TO DATE	DATE OF EXPENDITURE
Code <u>C</u> Easley for City Council 11599 Ringer Road Fishers 46040	Fishers City Council NE District	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	4000.00	4000.00	3/28/14
Code <u>A</u> Sam's Club 96th Street Indianapolis	Consumer Goods	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	339.40	339.40	6/30/14
Code <u>O</u> Emily Farnthess 12964 Waldbede Dr. Fishers 46037	Labor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	240.00	240.00	6/30/14
Code _____ REDACTED		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$4,579.40		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$4,579.40		